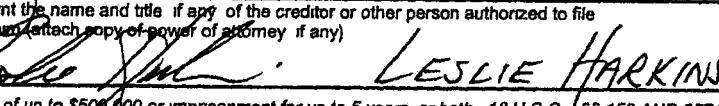


Case 06-10725-lbr Claim 4842 Filed 10/13/06 Page 1 of 6		<b>PROOF OF CLAIM</b>
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>	Case Number <b>06-10725 (LBR)</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court
Name of Creditor and Address  LESLIE & LINDA HARKINS TTEES OF THE HARKINS 2001 REVOCABLE TRUST DTD 8/23/01 2050 LONGLEY LN APT 2008 RENO NV 89502		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> <b>THIS SPACE IS FOR COURT USE ONLY</b>
Creditor Telephone Number (175) <b>856-1027</b>	Check here <input type="checkbox"/> replaces <small>if this claim</small> <input type="checkbox"/> or <small>a previously filed claim dated _____</small> <small>or</small> <input type="checkbox"/> amends	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Last four digits of your SS # _____ <small>Unpaid compensation for services performed from _____ to _____ (date) (date)</small>		
<b>2 DATE DEBT WAS INCURRED</b> <b>12-9-2005</b>	<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>		
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority		
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <b>Brief description of collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral \$</b> _____ <b>Amount of arrearage and other charges at time case filed included in secured claim if any \$</b> _____		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		
<b>5 TOTAL AMOUNT OF CLAIM \$</b> <b>50,000.00</b> <b>\$</b> <b>50,000.00</b> <small>AT TIME CASE FILED (unsecured) (secured) (priority) (Total)</small>		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>7 SUPPORTING DOCUMENTS</b> <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous attach a summary		
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) <small>BY MAIL TO</small> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		<b>THIS SPACE FOR COURT USE ONLY</b>
DATE <b>9-30-2006</b>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).  <small>Leslie Harkins</small>	
Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571		